Request and Agreement for Alternative Service and Waiver of A.A.C. R20-5-158(B)

("Party") (FEIN:)
(Party Type: Claimant Attorney Law Firm Carrier/Self Insured Employer)
hereby requests and agrees that the Industrial Commission of Arizona (the
"Commission") may serve any and all notices, correspondence, subpoenas, documents,
awards, decisions, orders, or other matters required by the Arizona
Workers' Compensation Act ("Document" or "Documents") upon Party in
the following manner (PARTY TO SELECT ONLY ONE OPTION):
☐ Option "1": United States Mail (Party Declines Alternative Service)
If selected, the Commission will serve Documents on Party via United States Mail
(pursuant to Arizona Administrative Code (A.A.C.) R20-5-158(B)(1)) to the following
mailing address:
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Name:
Address:
City:
State:
Zip Code:
☐ Option "2": Alternative Service Via Electronic Facsimile (E-Fax)
If selected, the Commission will transmit Documents to Party via electronic facsimile (E-
Fax) to the following fax number:
Party agrees that transmission of Documents via E-Fax is legally-proper service and shall
be the equivalent of other legally-permissible methods of service (including United States
mail or personal service). Party specifically waives the requirement that service of
Documents be made pursuant to A.A.C. R20-5-158(B). Party agrees that service made
pursuant to Option "2" of this Request and Agreement will be deemed completed at the
time the Commission transmits a Document to the fax number provided above. Party understands that the Commission will no longer transmit Documents via other methods of
service, including United States Mail, e-mail, or personal service.
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☐ Option "3": Alternative Service Via Secure File Transfer Protocol (SFTP)

If selected, the Commission will transmit Documents to Party by uploading Documents to an SFTP account configured for Party. Party agrees that transmission of Documents via SFTP is legally-proper service and shall be the equivalent of other legally-permissible methods of service (including United States mail or personal service). Party specifically waives the requirement that service of Documents be made pursuant to A.A.C. R20-5-

THE INDUSTRIAL COMMISSION OF ARIZONA



158(B). Party agrees that service made pursuant to Option "3" of this Request and Agreement will be deemed completed at the time the Commission successfully uploads a Document to the Party's SFTP user account. Party understands that the Commission will no longer transmit Documents via other methods of service, including United States Mail, e-mail, or personal service. By selecting Option "3", Party agrees to comply with all enduser requirements issued by the Commission pertaining SFTP.

(ii Option 5 is selected, the Commission will contact Party to configure an SF1)
account. The Commission will contact the following Party Technical Representative to
discuss end-user requirements and SFTP account configuration:
Representative Name:
Representative Phone:
Representative Email:

NOTHING IN THIS REQUEST AND AGREEMENT AFFECTS THE RIGHT OF PARTY OR THE COMMISSION TO SERVE PROCESS IN ANY MANNER PERMITTED BY APPLICABLE LAW.

IF OPTION "2" OR OPTION "3" ARE SELECTED: NOTHING IN THIS REQUEST AND AGREEMENT AFFECTS THE RIGHT OF PARTY OR THE COMMISSION TO ASSERT LEGAL DEFENSES OR OBJECTIONS EXCEPT FOR SERVICE-RELATED OBJECTIONS/DEFENSES THAT WOULD OTHERWISE BE PERMISSIBLE UNDER A.A.C. R20-5-158(B) OR OTHER APPLICABLE LAW.

NOTHING IN THIS REQUEST AND AGREEMENT AFFECTS THE DUTIES OF PARTY AND THE COMMISSION TO COMPLY WITH SERVICE REQUIREMENTS RELATED TO NON-PARTIES TO THIS AGREEMENT.

This Request and Agreement shall be effective on the date the Commission's new operational or the date the Request and Agreement is System becomes and Agreement will submitted, whichever is later. This Request remain effective until Party completes and submits an updated Request and Agreement for alternative service (either using this form or electronically in Party's account in the ICA Community).

By signing below, I certify that I am an authorized representative of Party. I further certify that I am authorized to sign and submit this Request and Agreement and that all of the representations included in this Request and Agreement are true, accurate, and complete.

Printed Name	Title
E-Mail Address	Phone
Signature	

Parties may submit this form in the following ways:

In-Person or by U.S. Mail: Industrial Commission of Arizona c/o Claims Fileroom 800 West Washington Street Phoenix, Arizona 85007

By E-Mail: claims@azica.gov